



Health Information Exchange Patient Opt-Out Form

This form is to be used by patients who do not wish to participate in the regional Health Information Exchange (HIE)

Instructions

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you. Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously received by fax, mail, or other electronic communications.

Please be advised that opting out does not preclude any participating organization that has received or accessed personal health information via the HIE prior to such opt-out, and incorporated such personal health information into its records, from retaining such information in its records. Additionally, in accordance with the law, public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Controlled and Dangerous Substances (CDS) information, as part of the Maryland Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers.

If you choose to opt out of research only, your information will be available to your treating providers, but will be excluded from any data sets created for researchers.

This opt-out form only needs to be completed once to opt out of the HIE; it is not necessary to complete for each provider. If you do not live in the District of Columbia or Maryland, but still receive care in the region, you should complete this form to opt out. If you wish to reverse your decision you may opt back in at any time by calling CRISP at 1.877.952.7477. For more information, please visit www.crisphealth.org, call 1-877-95-CRISP (27477), or email hie@crisphealth.org.

You have several options for sending this form to CRISP.

1. Fill out an electronic version of this form by visiting the CRISP website at <http://www.crisphealth.org> (preferred)
2. Fill out this form and fax your completed form to 443.817.9587
3. Fill out this form and email your completed form to hie@crisphealth.org
4. Fill out this form and mail it to:
CRISP
7160 Columbia Gateway Drive
Suite 100
Columbia, MD 21046
5. Call 1.877.95.CRISP (27477)

If you wish to reverse your decision, you may opt back in at any time by calling CRISP at 1.877.952.7477.



CRISP

Health Information Exchange Patient Opt-Out Form

This form is to be used by patients who do not wish to participate in the regional Health Information Exchange (HIE)

Please review the instructions on the previous page before filling out this form.

You have several options for opting out of the CRISP Health Information Exchange. Please select one below:

1. Fill out an electronic version of this form by visiting the CRISP website at <http://www.crisphealth.org> (preferred)
2. Fill out this form and fax your completed form to 443.817.9587
3. Fill out this form and email your completed form to hie@crisphealth.org
4. Fill out this form and mail it to:
 CRISP
 7160 Columbia Gateway Drive
 Suite 100
 Columbia, MD 21046
5. Call 1.877.95.CRISP (27477)

If you wish to reverse your decision, you may opt back in at any time by calling CRISP at 1.877.952.7477.

Information for Patient Opting Out (Please PRINT Clearly or fill in electronically. * indicates REQUIRED field) First

Name* Middle Name Last Name*

Address Line 1*

Address Line 2

City* State* Zip Code*

Primary Phone Number* Secondary Phone Number

Email Date of Birth* Sex (M/F/Other)*

I would like to be notified of my participation choice in the following way (contact information must be included on form):

Email Phone Call Letter Text No Notification

Select One:

Opt Out of All Sharing – Opt out of all sharing of your information through health information exchange, including research. Your data will not be available through CRISP in an emergency or for any of your healthcare providers.

Opt Out of Research Only – Continue having your information shared through the health information exchange, but prevent approved researchers from receiving sets of data that include your personal health information.

Reason for Opting Out (optional)

Signature of Patient or Authorized Representative Date

If this form is signed by someone other than the person named above, the person signing the form hereby certifies he/she is acting as: (Select one)

Parent Legal Guardian Other (Specify relationship to patient):

Contact information for individual completing this form (if other than patient):

Print Name Phone Number